

AGENCY NAME:

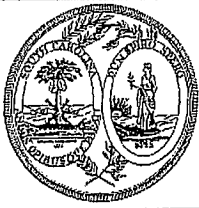
SC Museum Commission

AGENCY CODE:

H95

SECTION:

29



Fiscal Year 2015-16 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)

My agency is submitting the following recurring decision packages (Form B):

5113, 5116, 5142

For FY 2015-16, my agency is (mark "X"):

☒ Requesting a net increase in recurring General Fund appropriations.☐ Not requesting a net increase in recurring General Fund Appropriations.

CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)

My agency is submitting the following one-time decision packages (Form C):

5119

For FY 2015-16, my agency is (mark "X"):

☒ Requesting capital and/or non-recurring funds.☐ Not requesting capital and/or non-recurring funds.

PROVISOS

For FY 2015-16, my agency is (mark "X"):

☐ Requesting a new proviso and/or substantive changes to existing provisos.☐ Only requesting technical proviso changes (such as date references).☒ Not requesting any proviso changes.

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	William Calloway	898-4930	Willie.calloway@scmuseum.org
SECONDARY CONTACT:	Bonnibel Moffat	898-5399	Bonnie.moffat@scmuseum.org

I have reviewed and approved the enclosed FY 2015-16 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:		
TYPE/PRINT NAME:	William Calloway	Gray Culbreath

This form must be signed by the department head – not a delegate.

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	5113
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Education Outreach
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Provide a brief, descriptive title for this request.

AMOUNT	\$350,000
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code of Laws: SC ST 60-13-30 H.4701, General Appropriation Bill, Fiscal Year 2014-2015, Part 1A Section 29 State Museum Commission
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval</i> .
	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience.
	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.
	<input checked="" type="checkbox"/>	Non-mandated program change in service levels or areas.
	<input type="checkbox"/>	Proposed establishment of a new program or initiative.
<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	
<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	Anyone requesting museum educational outreach services. Schools that do not have funds to travel to the museum.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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RELATED REQUEST(S)	No
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	No other funding sources considered. Request cannot be met by other resources or funding balances.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>The outreach program provides a statewide education presence to assist teachers to meet curriculum standards. The museum must maintain the education point of difference with programming by providing free standards-based educational experience for South Carolina students. In addition the museum must provide high quality programs for special interest groups and the general public.</p> <p>Funding has been requested to continue to offer and expand the outreach education programs, throughout the SC educational and museum communities particularly activities connected to the museum's new observatory, planetarium, galleries, and 4D theater. Funding would be used to focus on portable planetarium programming, outreach classroom lab experiences, and distance learning, including live observatory telescope control.</p> <p>Funding would be used to focus on SC education standards and delivered statewide, particularly in the areas of science, technology, engineering and math at the state museum and throughout the SC educational community.</p> <p>Maximizes the museum's new AV and IT distance learning infrastructure by delivering standards-based STEM content directly to schools in all areas of the state. Maximizes the educational impact of the museum's new planetarium, 4D theater and observatory.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is

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related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>The amount of the request was calculated by actual costs associated with the needs of the program. The program performs within its budget and no factors could cause deviations in the amount of time required to perform the duties. Costs would include adding an FTE, part time labor, and other operating expenses such as collateral, travel, supplies, and equipment.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No maintenance of effort or other obligations would be incurred by this decision package. If the request is not honored, there would be no future impact on budget. No other source of funds has been identified to fund this request.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>If no or insufficient funds are available, the program would not expand as planned.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

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INTENDED IMPACT	<p>This decision package would increase the deliverables of the museum outreach program immediately and allow the educational community statewide to benefit from its services.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The program success would be evaluated by the number of outreach programs delivered and students and people served over the course of the fiscal year. Evaluating outreach program requests would assist in measuring the effectiveness of the program.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	5116
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Facility Upkeep and Maintenance
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Provide a brief, descriptive title for this request.

AMOUNT	\$150,000
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code of Laws: SC ST 60-13-30 H.4701, General Appropriation Bill, Fiscal Year 2014-2015, Part 1A Section 29 State Museum Commission
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval</i> .
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience.
	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/>	Non-mandated program change in service levels or areas.
	<input type="checkbox"/>	Proposed establishment of a new program or initiative.
<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	
	<input checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program.

RECIPIENTS OF FUNDS	N/A
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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RELATED REQUEST(S)	No
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	None
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	No other funding sources considered. Request cannot be met by other resources or funding balances.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>Museum facilities maintenance and upkeep deals primarily with daily, recurring services that are necessary to keep the museum in an orderly, safe, and clean environment. Because of the extended hours of usage the museum requires a greater volume of security and custodial services than the average state agency. In addition, the challenge of caring for additional space acquired by the Windows to New Worlds project has increased the needs of the museum in ensuring the facility is safe, clean, and appealing to its guests.</p> <p>Additional funding is necessary to maintain the educational environments and learning spaces in a clean, safe, secure manner and reflects values in education and concern for the museums \$5 million dollar collection.</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>The amount of the request was calculated by actual costs associated with the needs of the facility. Costs would include adding one full time security specialist, one full time building services supervisor and one full time exhibits specialist.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No maintenance of effort or other obligations would be incurred by this decision package. If the request is not honored, there would be no future impact on budget. No other source of funds has been identified to fund this request.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>No other funds are available to fund request and request does not generate its own revenue. If no or insufficient funds are available or the action is deferred to FY16, the safety, cleanliness and upkeep of the facility would be greatly impaired.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

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INTENDED IMPACT	<p>The decision package does not directly impact service delivery or museum programs however it does impact the cleanliness of the facility, the safety of the guests it serves, and artifacts it has been entrusted to protect.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>The use of the funds would be evaluated by the cleanliness of the facility, the effective protection of its guests and artifacts, and the successful execution of maintaining the exhibits.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	5142
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Pay Plan and Health Insurance Allocation
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Provide a brief, descriptive title for this request.

AMOUNT	\$48,502
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What is the net change in requested appropriations for FY 2015-16? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	SC Code of Laws: SC ST 60-13-30 H.4701, General Appropriation Bill, Fiscal Year 2014-2015, Part 1A Section 29 State Museum Commission
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What state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority?

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<input checked="" type="checkbox"/>	(Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/>	(Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/>	(Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/>	Change in cost of providing current services to existing program audience.
	<input type="checkbox"/>	Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/>	Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/>	Non-mandated program change in service levels or areas.
	<input type="checkbox"/>	Proposed establishment of a new program or initiative.
<input type="checkbox"/>	Loss of federal or other external financial support for existing program.	
<input type="checkbox"/>	Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	Museum staff.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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RELATED REQUEST(S)	No
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	N/A
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>Pay Plan allocations and Health Insurance increase as approved by the General Assembly in H.4701, General Appropriation Bill, Fiscal Year 2014-2015, Part 1B Sections 105.7 and 101.21</p>
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Provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

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METHOD OF CALCULATION	<p>The wage increase is 2 percent of full time personnel costs and the health benefits increase is 3.9 percent of current employer health premium costs. Costs are actual as of July 1, 2014, no deviations factors exist.</p>
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How was the amount of the request calculated? What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No maintenance of effort or other obligations would be incurred by this decision package. No other source of funds has been identified to fund this request.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	<p>No other funds are available to fund request. If no or insufficient funds are available the action would not be funded or if the action is deferred to FY16, the request may not be funded.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2015-16?

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INTENDED IMPACT	The decision package does not directly impact service delivery or museum programs.

What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	N/A

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	5119
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Security System Upgrade
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Provide a brief, descriptive title for this request.

AMOUNT	\$100,000
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How much is requested for this project in FY 2015-16?

BUDGET PROGRAM	SC Code of Laws: SC ST 60-13-30 H.4701, General Appropriation Bill, Fiscal Year 2014-2015, Part 1A Section 29 State Museum Commission
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Identify the associated budget program(s) by name and budget section.

SUMMARY	<p>A new security system upgrade is needed to ensure a safe environment for guests and staff and to keep the facility and artifacts secure. Previous equipment is outdated and difficult to use and repair, newer technology enhances the safety of the facility and is more efficient to run and operate and will provide improved audit trails should an incident occur.</p> <p>Security systems act as a deterrent, minimize loss, and reduce vulnerability from theft and other malicious behavior.</p>
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Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the

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agency's security or technology plan.

RELATED REQUEST(S)	No
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Is this decision package associated with other decision packages requested by your agency or other agencies this year? Is it associated with a specific capital or non-recurring request?

MATCHING FUNDS	No
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES	No other funding sources considered. Request cannot be met by other resources or funding balances.
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What other possible funding sources were considered?

LONG-TERM PLANNING AND SUSTAINABILITY	No funds have already been invested in this project nor have been identified or requested in the future.
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	None
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)